

**SAMPLE
ONLY**

**Do not fill
out this form**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):

Write Your Name Here
Write Your Address Here

TELEPHONE NO.: Write Your Phone Number Here

E-MAIL ADDRESS (Optional):
ATTORNEY FOR (Name): Write "In Pro Per" Here

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN FRANCISCO

STREET ADDRESS: 400 McAllister Street

MAILING ADDRESS: Probate Department, Room 103

CITY AND ZIP CODE: San Francisco, CA 94102

BRANCH NAME:

PLAINTIFF/ PETITIONER: Write Your Case Number Here
DEFENDANT/ RESPONDENT:

**APPLICATION FOR
WAIVER OF COURT FEES AND COSTS**

CASE NUMBER:

Write Your Case Number Here

I request a court order so that I do not have to pay court fees and costs.

1. a. ☐ I am **not** able to pay any of the court fees and costs.
b. ☐ I am able to pay **only** the following court fees and costs (specify):

2. My current street or mailing address is (if applicable, include city or town, apartment no.)

3. a. My occupation, employer, and employer's address are (specify):

- b. My spouse's occupation, employer, and employer's address are (specify):

4. ☐ I am receiving financial assistance under one or more of the following programs:

- a. ☐ **SSI and SSP:** Supplemental Security Income and State Supplemental Payments Programs
- b. ☐ **CalWORKs:** California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families (formerly AFDC)
- c. ☐ **Food stamps:** The Food Stamp Program
- d. ☐ **County Relief (G.P.) or General Assistance (G.A.)**

5. If you checked box 4, you must complete the following information:

- a. ☐ (Optional) My M
- b. ☐ (Optional) My s

☐ -

[Federal law do
social security

- c. ☐ I am attaching d

[See Form 982(

office, for a list of acceptable documents.]

[If you checked box 4 above, skip items 6 and 7, and sign at the bottom of this side.]

6. ☐ My total gross monthly household income is less than the amount shown on the *Information Sheet on Waiver of Court Fees and Costs* available from the clerk's office.

[If you checked box 6 above, skip item 7, complete items 8, 9a, 9d, 9f, and 9g on the back of this form, and sign at the bottom of this side.]

7. ☐ My income is not enough to pay for the common necessities of life for me and the people in my family whom I support and also pay court fees and costs. [If you check this box, you must complete the back of this form.]

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.

I declare under penalty of perjury under the laws of the State of California that the information on both sides of this form and all attachments is true and correct.

Date: Write Today's Date Here

Print Your Name Here

Sign Here

(TYPE OR PRINT NAME)

(Financial information on reverse)

(SIGNATURE)

PLAINTIFF/PETITIONER:
DEFENDANT/RESPONDENT:

Write Your Case Number Here

CASE

Write Your Case Number Here

FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**

9. MY MONTHLY INCOME

a. My gross monthly pay is: \$ _____

b. My payroll deductions are (specify purpose and amount):

(1) _____
(2) _____
(3) _____
(4) _____

My TOTAL payroll deduction amount is: \$ _____

c. My monthly take-home pay is

(a. minus b.): \$ _____

d. Other money I get each month is (specify source and amount; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):

(1) \$ _____
(2) \$ _____
(3) \$ _____
(4) \$ _____

The TOTAL amount of other money is: \$ _____
(If more space is needed, attach page labeled Attachment 9d.)

e. MY TOTAL MONTHLY INCOME IS

(c. plus d.): \$ _____

Number of persons living in my home: _____

Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:

Name	Age	Relationship	Gross Monthly Income
(1) _____	_____	_____	\$ _____
(2) _____	_____	_____	\$ _____
(3) _____	_____	_____	\$ _____
(4) _____	_____	_____	\$ _____
(5) _____	_____	_____	\$ _____

The TOTAL amount of other money is: \$ _____

(If more space is needed, attach page labeled Attachment 9f.)

f. MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS

(a. plus d. plus f.): \$ _____

10. I own or have an interest in the following property:

a. Cash \$ _____

b. Checking, savings, and credit union accounts (list banks):

(1) \$ _____
(2) \$ _____
(3) \$ _____
(4) \$ _____

10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):

Property	FMV	Loan Balance
(1) _____	\$ _____	\$ _____
(2) _____	\$ _____	\$ _____
(3) _____	\$ _____	\$ _____

d. Real estate (list address, estimated fair market value

(3) \$ _____

e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):

\$ _____

11. My monthly expenses not already listed in item 9b above are the following:

a. Rent or house payment & maintenance \$ _____
b. Food and household supplies \$ _____
c. Utilities and telephone \$ _____
d. Clothing \$ _____
e. Laundry and cleaning \$ _____
f. Medical and dental payments \$ _____
g. Insurance (life, health, accident, etc.) \$ _____
h. School, child care \$ _____
i. Child, spousal support (prior marriage) \$ _____
j. Transportation and auto expenses (insurance, gas, repair) \$ _____

k. Installment payments (specify purpose and amount):

(1) \$ _____
(2) \$ _____
(3) \$ _____

The TOTAL amount of monthly installment payments is: \$ _____

l. Amounts deducted due to wage assignments and earnings withholding orders: \$ _____

m. Other expenses (specify):

(1) \$ _____
(2) \$ _____
(3) \$ _____
(4) \$ _____
(5) \$ _____

The TOTAL amount of other monthly expenses is: \$ _____

n. MY TOTAL MONTHLY EXPENSES ARE

(add a. through m.): \$ _____

12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.